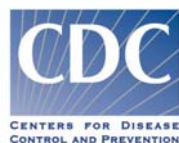


Prevention of Mother-to-Child Transmission of HIV



Generic Training Package Training Programme and Course Director Guide



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The WHO/CDC *Prevention of Mother-to-Child Transmission of HIV Generic Training Package* is a comprehensive approach to the training of healthcare workers. The other components in this package are

- Participant Manual
- Trainer Manual
- Presentation Booklet
- Pocket Guide
- Wall Charts
- CD-ROM containing MS® Word and Adobe Acrobat® (PDF) files for each programme component

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Abbreviations and Acronyms

AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ARV	Antiretroviral
ART	Antiretroviral therapy
CDC	United States Centers for Disease Control and Prevention
CMV	Cytomegalovirus
ELISA	Enzyme-linked immunosorbent assay
FAO	United Nations Food and Agricultural Organisation
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
IMCI	Integrated management of childhood illness
MAC	<i>Mycobacterium avium complex</i>
MCH	Maternal and child health
MTCT	Mother-to-child transmission of HIV
NGO	Non-governmental organisation
NVP	Nevirapine
OI	Opportunistic infection
PCP	<i>Pneumocystis carinii</i> pneumonia
PEP	Post-exposure prophylaxis
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
RCHS	Reproductive and child health services

STD/I	Sexually transmitted disease/infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
ZDV	Zidovudine, the generic name for azidothymidine (AZT)



Introduction

Of the 40 million people living with HIV/AIDS worldwide at the end of 2003, 2.5 million were children under 15 years of age. Last year alone, 700,000 children were newly infected with the AIDS virus. The most significant source of HIV infection in children and infants is transmission of HIV from mother-to-child during pregnancy, labour and delivery, and breastfeeding.

A comprehensive Prevention of Mother-to-Child Transmission of HIV (PMTCT) programme can significantly reduce the number of infected infants by providing treatment, care and support to women with HIV infection and their families. The rapidly growing HIV/AIDS pandemic combined with the expansion of PMTCT services world-wide requires efforts to maximise resources and human capacity development.

The WHO/CDC Prevention of Mother-to-Child Transmission of HIV Generic Training Package is designed to provide 1) information and content for a national PMTCT training effort and 2) healthcare workers with the knowledge and introductory skills necessary to deliver PMTCT services in an integrated manner.

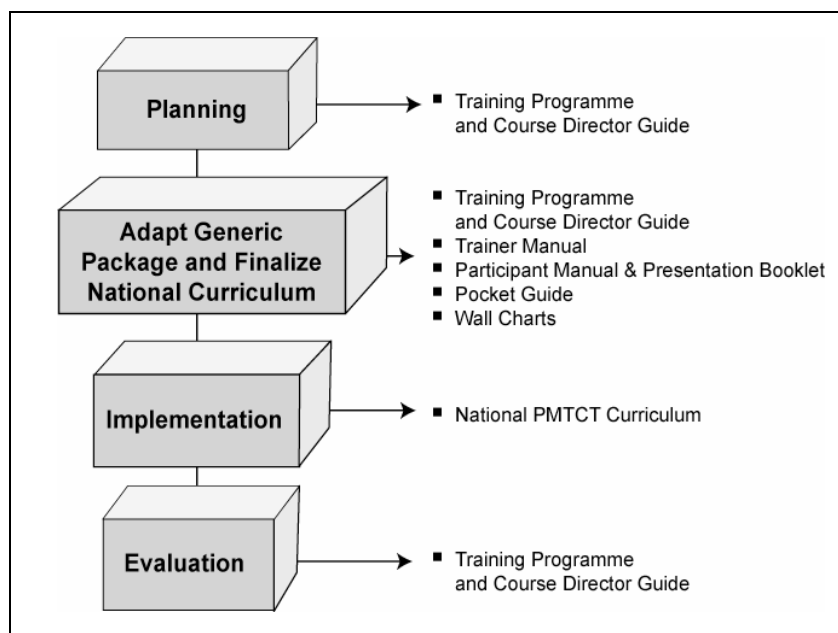
Structure of the PMTCT Generic Training Package

The package is a comprehensive set of resource materials designed for adaptation at the national level. It supports the review and development of policies and protocols while providing the essential components required for a PMTCT training effort. The Training Package will be updated every six months to ensure that content reflects the most current scientific developments and policy changes. The package contains:

- **Training Programme and Course Director Guide:**
 - *Section 1 Training Programme Guide:* targeted to those with overall responsibility for developing the PMTCT National Training Plan, adapting the generic PMTCT package, and developing the plan to evaluate training efforts. This may be a team of individuals working for or under guidance of the National Ministry of Health, or one or more partner agencies.
 - *Section 2 Course Director Guide:* targeted to the individual or team responsible for organising and conducting the PMTCT training courses.
- **Participant Manual:** the main reference document for course participants. It includes an introduction; nine content modules, each with summary; clearly stated objectives; technical information; and exercises, as well as a **Glossary and Resources Guide**
- **Presentation Booklet:** summarises the main content areas within the Participant Manual.
- **Trainer Manual:** outlines the package, describes the trainer role in course planning and offers the trainer directions to conduct each session.

- **Pocket Guide:** provides clear, concise information to support the delivery of services and is a handy reference for healthcare workers. The **Wall Charts** can be posted in the health centre or facility and are a reference on key PMTCT content areas.
- **CD-ROM:** contains the PMTCT Generic Training Package in Microsoft® Word and PDF files.

Using the PMTCT Generic Training Package



Advantages of the PMTCT Generic Package

Users will find the documents and materials helpful at several points in the PMTCT programme cycle, as shown in the figure above. The package assists users to customise PMTCT training to reflect a range of policies, programmes, and interventions.

Advantages to using the Generic Package include:

- Evidence-based content with the most current scientific understanding of HIV transmission, MTCT, and HIV treatment
- Access to a training package that is the result of research, field-testing, and extensive global review
- A context to review and update existing country-specific PMTCT policies and guidelines
- Nine stand-alone modules that can be used for training of beginning and advanced PMTCT healthcare workers
- Adaptable support tools for trainers, healthcare workers, and facilities

PMTCT National Training Plan

Overall planning includes developing the PMTCT National Training Plan¹ and ensuring that the Generic Training Package supports the national PMTCT strategy and the National Training Plan. Planning is required to develop the Training Plan, to ensure that the package is adapted to meet the training needs of the target population and that national policies on PMTCT are integrated into and supported by the training course. The group of stakeholders involved in developing the PMTCT National Training Plan (Chapter 1.1) is similar to the stakeholders involved in adapting the PMTCT package

¹ This document refers to the PMTCT Training Plan as national while acknowledging that the PMTCT Training Programme may be managed by a partner organisation.

(Chapter 1.2). As such, the Training Plan may be developed in parallel with the adaptation of the package. Just as PMTCT programmes require funding, training programmes require staffing and a budget. It is suggested that funding for the PMTCT training programme be prioritised at a national level to guarantee an adequate budget at the local level.

National versus Local Roles

While this Guide recognises roles and responsibilities will be shared, there is no attempt to prescribe which responsibilities are to be undertaken at the national versus local level.

Local planning is required in preparation for the implementation of the course, and the training sessions have to be based on participant learning needs. Before courses are implemented locally, the Course Director must work closely with PMTCT facility supervisors and participants to adapt the course and teaching methods to meet their needs.

Summary

Developing and implementing a PMTCT programme—complete with strategies for antiretroviral (ARV) treatment and prophylaxis, safer delivery practices, and safer infant-feeding practices—is a complex process. The PMTCT staff training can be integrated within the national PMTCT strategy and considered a priority in the allocation of resources. The effort invested in planning can save time and money and help to ensure that resources are targeted, that the final PMTCT training product is well accepted, and that it achieves its goals and objectives.

This PMTCT Generic Training Package provides an approach to addressing training need in the context of a national and global effort. By shortening the planning phase, it allows for a rapid implementation and evaluation of the training effort.



Section 1

Training Programme Guide



Chapter 1.1

The PMTCT National Training Plan

Once the national PMTCT strategy is finalised, the adaptation of the National PMTCT Training Plan is an important component of the PMTCT programme; it is a tool to make sure that training is targeted where it is needed and linked closely to the delivery of services. The Plan states who will be trained, the knowledge/skills to be transferred during training, the training approach, and the evaluation process. It addresses the training needs of all healthcare workers who will be supporting the National PMTCT Programme.

As noted in the Introduction to this Guide, it is recognised that the Generic Training Package may be implemented at a local level. The Training Plan supports relevant national policies and provides direction for and coordination with the PMTCT-related training of the implementing agency. The Training Plan will be referred to as “national” but the Guide recognises a country may adapt this plan for targeted settings.

What is a PMTCT National Training Plan?

Each setting requires the development of a unique mix of interventions to address immediate gaps in service delivery as well as to sustain improvements over time. A PMTCT National Training Plan identifies the following:

- Goals and objectives of training
- Delineation of target audiences
- Frequency, content, and length of training activities
- Strategy for rollout, coverage, and sustainability
- Responsible entity
- Overview, timeline and budget for the plan
- Process and timelines for monitoring, review, and revision of the plan

A well-designed National PMTCT Training Plan can evolve into a long-term effort that supports the sustainability of training outcomes over time. It recognises that training activities are sustainable when they fit within the resource and time constraints faced by trainers, supervisors and health systems. Such a strategy will include targets to build and sustain human capacity and address additional factors that affect service delivery including:

- Pre-service PMTCT training focusing on nursing schools, medical schools and other health-related training institutions
- In-service training systems including training-of-trainer approaches, the provision of supervision and support to trainers, and the development and distribution of effective training materials
- Long-term retention of healthcare staff
- Overall funding of health services including remuneration of healthcare workers

Steps in developing the plan

The PMTCT National Training Plan is the result of an active collaboration of key stakeholders whose input is needed to ensure a well-considered and coordinated plan. Additionally, the involvement of a range of stakeholders can reduce duplication of training efforts and widen the base of support for the plan. The process described in this Guide is designed to be adapted to national circumstances and resources.

The agency authorised to develop the PMTCT National Training Plan should, ideally, be the one that is ultimately responsible for all national PMTCT services and targets. The person who heads this agency, or his /her designee, is most likely to be responsible for the plan, for example, the Director of Maternal and Child Health (MCH) Services, the PMTCT Coordinator, the Minister of Health, or the Director of the National AIDS Control Programme.

The National Training Plan Chairperson/Director has the following responsibilities:

- Chair the National Training Plan meetings
- Approve the agenda, meeting goals and objectives, and all correspondences
- Approve the participant list
- Appropriate a budget for the meetings
- Identify resources for the plan
- Ensure the plan is feasible and achievable
- Approve the draft plan and the final plan
- Ensure deadlines are met
- Monitor the implementation phase
- Evaluate the outcome

Stakeholders

The individuals and organisations invited to participate in the development process could include the following:

- Director of MCH services
- Director of AIDS/AIDS prevention and control services
- National PMTCT coordinator
- National laboratory coordinator
- Key donor and technical agencies
- Non-government organisations, AIDS service organisations, community- and faith-based organisations
- Private sector providers including AIDS service organisations
- PMTCT service director or supervisor
- Health education/training specialist in HIV and/or PMTCT
- Staff working in ANC and Labour and Delivery including at least one physician, nurse/nurse midwife, infant-feeding specialist, and HIV counsellor
- Physician or nurse specialising in follow-up care of mothers and families with HIV and HIV treatment
- AIDS advocate knowledgeable about the effects of stigma and discrimination on persons living with HIV/AIDS (PLWHA)
- Individual/group charged with drafting the National HIV Training Plan

This list can be refined or expanded to meet local expectations, objectives, and staffing patterns. A description of a sample process for developing a PMTCT National Training Plan appears in Appendix 1.

Monitoring and evaluating training

This Guide recommends that an evaluation strategy for the training effort be developed within the national training plan. Further, the evaluation strategy and tools may be designed at the national level to ensure standardisation of data collection across all training activities. Sample course evaluation tools are included in Appendix 2.

The evaluation effort can be designed to determine:

- If the training supported the delivery and uptake of PMTCT programme services
- If the training programme was completed as designed and planned
- If the training was offered to the people for whom it was intended
- If the training met its goals and objectives
- Changes in the training programme to better meet learning needs
- Gaps in learning to assist with planning future courses
- Guidance for refresher and/or advanced training
- Guidance for skills-building clinical training

Types of evaluation

There are two complementary approaches to monitoring and evaluating PMTCT training programmes: process (also called quality assurance) evaluation and outcome evaluation. The evaluation strategy for a training programme may be designed to include one or both approaches.

Process and quality assurance evaluation

Process evaluation and quality assurance focus on program monitoring to provide feedback on the overall course, which sessions and exercises the participants found useful, and which need to be changed. Feedback may also be sought on the more practical aspects of the training, such as the training site/facility and materials. Process data are collected from the:

- Participants
- Trainers
- PMTCT supervisors

Examples of process data include the following:

- Number of training sessions conducted during the past year
- Number of participants and areas of specialty
- Number/percentage of participants who thought meeting facilities were adequate for the training

Outcome evaluation

Outcome evaluation determines whether the goals of the training were met. Immediate outcome evaluation considers the degree to which training goals were met as measured at the conclusion of the training activity. For example:

- Self-reported changes in perception of skill and ability before the course versus after the course
- Self-reported assessment of anticipated changes in clinical practice
- Change in knowledge as measured by comparing scores from pre- and post-test questionnaires

Long-term outcome evaluation examines whether the goals of the training were reached once participants returned to the practice setting and applied the information they learned during the training. Long-term outcomes evaluation will assess whether participants were able to implement PMTCT services specific to the following:

- National policies on providing PMTCT services

- Specific interventions for PMTCT
- Strategies to overcome stigma and discrimination
- Linkages with agencies that provide treatment, care, and support for mothers and families with HIV
- Practices that facilitate a safe, healthy environment for healthcare workers
- Management of occupational exposure to HIV including post-exposure prophylaxis
- Data collection for programme monitoring



Chapter 1.2

Adapting the Generic Training Package

Once the national PMTCT strategy has been finalised, the adaptation of the Generic Training Package may begin. (This Training Programme and Course Director Guide is designed to support the national training effort and is the only component of the Generic Training Package that does not require adaptation.)

Adapting all of the other components of the package may take place prior to or parallel with the development of the National Training Plan. Where resources are limited for adapting the Generic Training Package, technical assistance may be available from a number of sources such as in-country or international universities, domestic or international consultancy firms, and international donor agencies.

This Training Package is described as “generic” because it:

- Includes key international PMTCT guidelines and policies
- Requires customisation to include country-specific policies and context
- Presents key course elements to guide training
- Provides the template for a full PMTCT training package

Adapting the Generic Training Package

Adaptation is the process of integrating the participant and trainer materials in the PMTCT Generic Training Package into a training programme that is consistent with national and local goals and policies and existing MCH services—building a “national” training programme. The adapted materials will include national protocols, guidelines, algorithms, or descriptions, and reflect local epidemiology, cultures, practices, language, and training needs.

Within each module is a box entitled “Relevant Policies for Inclusion in National Training Programme” that identifies the important national policies, guidance, or summary statements to be discussed in the module.

The Participant Manual is organised into nine modules reflecting a comprehensive approach to PMTCT and the minimum knowledge set necessary to function effectively in a PMTCT setting.

It is recommended that the course be designed to include each of the modules. Although the adaptation process will reflect learning needs and additional subjects may be added, the deletion of a module in its entirety is discouraged.

A suggested approach to adapting the Generic Training Package is described in Appendix 3. Step 1 in Appendix 3 is the most work-intensive; it is the phase during which the following tasks are undertaken:

- Comparing existing PMTCT curricula with the new curriculum, and incorporating relevant information from the old programme into the new (or vice versa).
- Incorporating summaries of national PMTCT-related policies into the relevant modules of the Generic Training Package. Some of these policies may be included in the national PMTCT plan or may be embedded in several documents. A comprehensive listing of these national policies appears in Appendix 4 of this Guide. Also, each module in the Participant Manual includes a listing of the national policies relevant to that particular module.

The following questions may help to identify which text will need adapting:

- Does the text support local policy?
- Does the text reflect local epidemiology?
- Are the language and wording appropriate?
- Is the text appropriate for the knowledge level/training of local healthcare workers?
- Is the text culturally sensitive/appropriate?
- Does the text reflect local practices (personal, social or professional)?

After completing Step 1 (Appendix 3), the remainder of the adaptation process focuses on reviewing, updating, and clarifying the content. Because this phase includes consultation with stakeholders, it may be time-consuming.

The stakeholders help to develop an accurate document that reads well and can be implemented with minimal difficulty, and the consultation helps ensure their support for the training efforts and the PMTCT programme.

Approaches to involving stakeholders in the adaptation of the Generic Training Package may include meeting in one large group or in a series of smaller, topic-specific interest groups. The stakeholders' meeting chairperson and participants mirror those who are important for the PMTCT National Training Plan described in Chapter 1.1 of this document. In many settings it will be the same group. In others, it may be a subgroup of the national group.

Adapting the course syllabus

A course syllabus appears in the Introduction to the Trainer Manual. The Course Director may adapt the course syllabus to meet training needs in response to the following participant considerations:

- Level of previous training in PMTCT
- Previous experience in PMTCT settings
- Responsibilities of staff

The course was developed to be 6 days long including an optional field visit. The training may be expanded or shortened, depending on priorities and resources. The amount of time for each module may vary depending on needs and participants' PMTCT job functions.

Adapting the trainer materials

Once the stakeholders have approved the Participant Manual, begin the process of adapting the Presentation Booklet, Pocket Guide, and Wall Charts. The Trainer Manual includes the technical text from the Participant Manual; as such it may require the same revisions as the Participant Manual, including revisions in the training exercises. Alternatively, consideration may be given to removing technical text in the Trainer

Manual. Thus, the Trainer Manual would include only guidance on presenting the material and running the exercises.

It is suggested that the Course Director review the Trainer Manual, noting the topics and training exercises that may prompt questions. When meeting with PMTCT facility staff, the Course Director may take the opportunity to discuss these. If the Course Director is not a clinician, s/he may want to learn about the service, resource, and social issues facing healthcare workers and patients.

A list of the revisions to be considered for the Trainer Manual is included in Appendix 5. Revising the interactive exercises to ensure they are culturally appropriate is discussed in Section 2: *Course Director Guide*.

This first training course may be planned as a field test or pilot course within the context of the national rollout. Review of the evaluation information will suggest additional changes in both the written materials and training methods. Regardless of how carefully the materials were adapted, testing of the package helps to refine content, particularly before multiple copies of the package are in circulation.

Updating the Generic Training Package

While adapting the package, stakeholders may develop the process for assuring the package is updated regularly. Consider the following questions in this discussion:

- How often will the package need to be updated?
- Will it be revised on a schedule or only when major policy changes occur?
- Who will be responsible for the updates?
- Who will review and approve the updates? (eg will approval of all stakeholders be required or just the chairperson)?
- Who will ensure that the updates are made in all components of the package?
- How will revised editions be distinguished from previous editions?
- How will the revised editions be distributed to the field?

Advanced and refresher courses

The need for additional training for PMTCT staff—and the subject areas the training should address—will become evident from a number of sources: the initial needs assessment; the results of the course evaluation, knowledge pre- and post tests, long term outcome evaluations; and informal discussions with participants, trainers, and PMTCT facility supervisors. The subject areas should be considered as topics for the refresher/advanced courses.

It may be helpful to validate the results of the evaluation with a formal assessment of the follow-up training needs of staff working in PMTCT settings. An example of a refresher course needs assessment may be found in Appendix 2.

Refresher courses are important for keeping staff knowledge current and for addressing skills development. Refresher courses may be clinical or classroom-based (or a combination of both); they may be conducted in groups, on a one-to-one basis, or even self-guided, depending on the individual and the training need. Taking into consideration the training budget and the urgency of the learning need, refresher courses may be offered within weeks, a month, or even a year after the original PMTCT training.

Translation

The Generic Training Package is expected to be available in both French and Spanish by 2005. When translation into other languages is necessary, several factors should be considered:

- Timing: Should the Generic Participant Manual be translated into the local language immediately, or can the translation wait until after the Participant Manual is adapted?
- Precedent: Has the generic or an adapted version been translated by another country? For example, Mozambique translated a draft of the Generic Training Package into Portuguese in late 2003. It is wise to start from the generic version, but even an adapted version of the package may help with translating key terms and ensuring standardisation of PMTCT-related terminology across countries in which people speak the same language.

The following may help ensure an accurately translated document:

- Identify a person or team of translators who know(s) the PMTCT, HIV, or medical fields. The translators must be native speakers in the target language (the language they are translating into) as well as fluent in the language they are translating from. In addition, ensure that one translator is familiar with the norms, culture, traditions, and values of the country.
- Review the Glossary in the Participant Manual for key terms and translate them. Two or more people should check and agree on the translation of the key words.
- To ensure accuracy and to catch errors in style or content, engage a clinician with technical knowledge to review the key clinical terms and sections that have been translated.
- Check that the formatting and style of the translated modules are consistent with the original documents.

